MAXIMUS Federal Services

Case Number:	CM15-0191989		
Date Assigned:	10/06/2015	Date of Injury:	06/29/2015
Decision Date:	11/18/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/29/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is an 18-year-old who has filed a claim for knee pain reportedly associated with an industrial injury of June 29, 2015. In a Utilization Review report dated August 21, 2015, the claims administrator failed to approve requests for 12 sessions of chiropractic manipulative therapy to the knee and MRI imaging of the knee. The claims administrator referenced an RFA form received on August 14, 2015 in its determination, along with documents dated August 5, 2015, July 13, 2015, and July 27, 2015 in its determination. The applicant's attorney subsequently appealed. The MRI imaging in question was apparently performed on August 28, 2015 despite the adverse utilization review determination, it was notable for a bone narrow contusion about the lateral femoral condyle, mild soft tissue edema about the patella, and possible prior injury to the patellar retinaculum. On September 4, 2015, additional physical therapy and a knee specialist consultation were seemingly sought. On August 26, 2015, the applicant was placed off of work, on total temporary disability, while an orthopedic knee surgery referral was sought. The applicant reported continued complaints of knee pain and swelling, worsened by weightbearing. On an RFA form dated August 14, 2015, knee MRI imaging and 12 sessions of manipulative therapy were sought. On July 3, 2015, multiple modalities, including manipulation, physical therapy, myofascial release, electrical stimulation, ultrasound, massage, and H-wave stimulation were all sought. On July 29, 2015, it was suggested that the applicant had initially sustained a patellar dislocation injury requiring initial usage of an immobilizer.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Chiropractic treatment at three times per week for four weeks for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Manikpulation.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care, Summary.

Decision rationale: No, the request for 12 sessions of chiropractic manipulative therapy for the right knee was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in the ACOEM Chapter 13, page 339, manipulation does not appear to be effective in alleviating knee pain complaints, as were/are present here. The requesting provider failed to furnish a clear or compelling rationale for selection of this particular modality in the face of the unfavorable ACOEM position on the same for the article in question. The MTUS Guideline in ACOEM Chapter 13, Table 13-6, page 346 also notes that passive modalities without an exercise program are deemed not recommended. Here, thus, the attending provider's pursuit of manipulative therapy in conjunction with numerous other passive modalities to include myofascial release, electrical stimulation, H-wave stimulation, massage, ultrasound etc., on July 7, 2015, thus, ran counter to both the MTUS Guideline in ACOEM Chapter 13, page 339 and to the MTUS Guideline in ACOEM Chapter 13, Table 13-6, page 346. Therefore, the request was not medically necessary.

MRI of the right knee: Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Summary.

Decision rationale: Conversely, the request for MRI imaging of the knee was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 13, Table 13-6, page 347, MRI imaging is deemed recommended to determine the effect of an ACL tear preoperatively. Here, the applicant presented reporting significant complaints of knee pain, knee swelling, difficulty bearing weight, etc., on or surrounding the date of request, August 14, 2015. An ACL tear and/or internal derangement involving the knee were seemingly on the different diagnosis list. The requesting provider went on to act on the results of the study in question, seeking authorization for an orthopedic knee surgery referral on August 28, 2015. The knee MRI in question was performed on August 26, 2015 and did demonstrate positive findings to include a bone narrow contusion and possible partial injury to the patellar retinaculum. The positive results, the applicant's failure to respond to earlier conservative therapy, and the treating provider's decision to act on the results of the study in question via an orthopedic knee surgery consultation, taken together, did justify the MRI study at issue. Therefore, the request was medically necessary.